

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

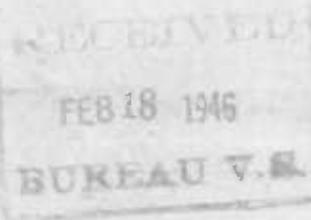
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01444

**Reg. Dist. No**

1. PLACE OF DEATH: County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?..... Hospital, institution, or street address where death occurred:.....				
How long in hospital or institution?.....				
3. (a) FULL NAME <b>Paul Galloway</b>		3. (b) Social Security Number		
4. Sex <b>M</b>	5. Color or race <b>25</b>	6.(a) Single, married, widowed, or divorced <b>married</b>	MEDICAL CERTIFICATION	
6.(b) Name of husband or wife <b>Jean L Galloway</b>		6.(c) If alive, give age <b>45</b> years	20. DATE OF DEATH <b>February 13 1946</b>	at <b>5:15 P.M.</b>
7. Birth date of deceased (mo., day, yr.) <b>Jan 29 1899</b>		7. (c) If alive, give age <b>Feb 13 1897</b>	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <b>Feb. 13 1946</b> to <b>Feb. 13 1946</b> and that I last saw him alive on <b>Feb. 13 1946</b>	DURATION <b>20 min</b>
8. AGE: Years <b>48</b>		Months <b>23</b>	Days If less than one day hrs. min.	
9. Birthplace <b>Pittsburg Pa</b> (Town, county and state)		Immediate cause of death <b>coronary occlusion</b>		
10. Usual occupation <b>draughtsman</b>		Due to <b>arteriosclerotic coronary artery disease.</b>		
11. Industry or business		Due to		
12. Name <b>Genia P. Galloway</b>		Other conditions		
13. Birthplace <b>Pittsburg Pa</b>		(Include pregnancy within 3 months of death)		
14. Maiden name <b>Anna H. Breuer</b>		Major findings of operations		
15. Birthplace <b>Pittsburg Pa</b>		Date of op.		
16. Informant <b>Mrs Jean Galloway</b>		Autopsy results		
Address <b>116 Van Buren, Av. Delco</b>		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Buried (Burial, cremation, or removal. Which?) <b>buried</b>		Date thereof <b>2-16-46</b>	22. VIOLENCE: If death was due to external causes, fill in the following:	
		(month) (day) (year)	Accident, suicide, or homicide..... Date of .....	
Cemetery or crematory <b>Medin Cem. Medin Pa</b>		Where did injury occur? ..... (City or town) ..... (County) ..... (State)		
Location <b>Holmesburg Del.</b>		Injured at home, farm, industry, public place (where?) .....		
18. Funeral director <b>James J. Crammer</b>		Means of injury ..... Injured at work?		
Address <b>Wilmington Del.</b>		23. SIGNATURE <b>Paul Knott M.D.</b>		
19. <b>2/14 1946</b> (Date reg'd by registrar)		M. D. or other <b>Denton Md</b> Date signed <b>2/14/46</b>		



01445

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 510

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline  
 County Greensboro City or town Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 1/2 yrs.  
 Hospital, Institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Md. County Caroline  
 City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

3. (a) FULL NAME  
Clara Harper

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Harry Harper

7. Birth date of deceased (mo., day, yr.) May 10 1859 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 86 Months 8 Days 217 It less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation House wife

11. Industry or business William C. Satterfield

MOTHER FATHER  
 12. Name William C. Satterfield  
 13. Birthplace Md.

14. Maiden name Rebe Jane Allen  
 15. Birthplace N.C.

16. Informant Wallace Harper  
 Address Greensboro, Md.

17. Burial Date thereof 2/8/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro, Md.

18. Funeral director Paymonel B. Paulding  
 Address Greensboro, Md.

19. Date rec'd by registrar Feb. 8 1946 L. M. Poppin  
 Registrar

2. (a) If veteran, name war \_\_\_\_\_

3. (b) Social Security Number \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1946 1946, at 3:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1945 to Feb 6 1946 and that I last saw her alive on Feb. 5 1946.

Immediate cause of death Cerebral hemorrhage DURATION about 2 weeks

Due to Obstruction of brain vessels DURATION about 2 weeks

Due to Obstruction of brain vessels DURATION about 2 weeks

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_ PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

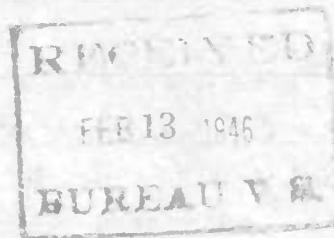
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Clarence H. Satterfield M. M. or other \_\_\_\_\_

Date signed Feb 7 1946

REVIEWED BY STATE CIVILIAN  
LEADERSHIP STAFF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01446  
62

Reg. Dist. No. ....

1. PLACE OF DEATH: Caroline  
 County Benton If outside city or town limits, write RURAL and give nearest town  
 City or town Rural  
 How long in above place of death? 20 yrs  
 Hospital, institution, or street address where death occurred:  
  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newlyborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Benton If outside city or town limits, write RURAL and give nearest town  
 Street No.   
(If rural, give LOCATION)

## 3. (a) FULL NAME

Sarah E. Jumps  
 4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife William

7. Birth date of deceased (mo., day, yr.) Oct. 13 8. (c) If alive, give age 1870 years

8. AGE: Years 75 Months 4 Days 13 If less than one day  hrs.  min.

9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business William H. Dutson

12. Name William H. Dutson

13. Birthplace Maryland

14. Maiden name Scherapa Faulkner

15. Birthplace Maryland

16. Informant Ella Mae Dutson

Address Benton Rural

17. Burial Date thereof 3/2/46  
(Burial, cremation, or removal (which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Md.

18. Funeral director P.B. Rawlings

Address Greensboro Md.

19. Date rec'd by registrar 2/27 1946 Mar 6 Gang  
Date rec'd by registrar

Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 26 1946, et 1040 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1943, to Feb 26 1946, and that I last saw her alive on Feb 24 1946.

Immediate cause of death Cardiac Vasculitis Disease DURATION 3 yrs  
 Due to   
 Due to   
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  Date of op.

Autopsy results  Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of

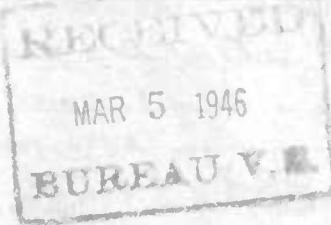
Where did injury occur?  (City or town)  (County)  (State)

Injured at home, farm, industry, public place (where?)

Means of injury  Injured at work?

23. SIGNATURE Ranson George M. D. or other

Address Denton Date signed 2/27/46



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Baltimore)

01447

Reg. Dist. No. 64

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred: American Corner

How long in hospital or institution?

## 3. (a) FULL NAME

Artery Nichols

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Martha D. Nichols

7. Birth date of deceased (mo., day, yr.)

April 27, 1872

6.(c) If alive, give age 63 years

8. AGE:

Years  
73Months  
9Days  
13

If less than one day

hrs. min.

9. Birthplace

Caroline County, Maryland  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

MOTHER FATHER

12. Name Leonard Nichols

13. Birthplace Caroline County, Maryland

14. Maiden name Martha Ann Nichols

15. Birthplace Caroline County, Maryland

16. Informant Mrs. Martha D. Nichols

Address Federalsburg, Maryland, P.T.D.

17. Burial

Date thereof February 13 1946  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Belle Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director

J. J. Trumpton and Son

Address Federalsburg, Maryland

19. February 13 1946  
(Date rec'd by registrar)

S. J. Frampton

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Caroline

City or town Federalsburg

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. American Corner

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 10 1946 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 2 1946 to Feb. 10 1946

and that I last saw h. in alive on Feb. 10 1946

Immediate cause of death

Cerebral Hemorrhage

Due to Arteriosclerosis

DURATION

2/9/46

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

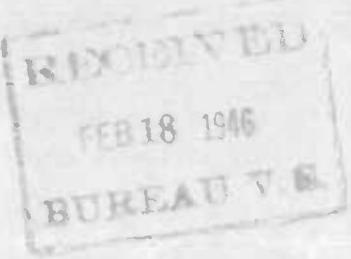
Means of Injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Bridgeman, Neal Date signed 2/15/46



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

01448

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

## 1. PLACE OF DEATH:

County.....

Caroline  
Greensboro

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

9 1/2 hrs.

Hospital, institution, or street address where death occurred:.....

Stewart Hospital, Greensboro  
9 1/2 hrs.

How long in hospital or institution?.....

## 3. (a) FULL NAME

Baby Quillen

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Single

## 6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1946

6. (c) If alive, give age ..... years

8. AGE:

Years

Months

Days

If less than one day  
9 1/2 hrs. min.

## 9. Birthplace.....

Greensboro, Caroline, Md.

(Town, county, and state)

## 10. Usual occupation.....

## 11. Industry or business.....

FATHER

12. Name.....

13. Birthplace

14. Maiden name.....

15. Birthplace

16. Informant.....

Address.....

17. Burial.....

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

Cause of death.....

Means of injury.....

23. SIGNATURE.....

M. D. or other

Date signed.....

Address.....

Date rec'd by registrar.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Greensboro, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Feb. 19 1946 at 1230 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 18 1946 to Feb. 19 1946

and that I last saw h. u. alive on Feb. 19 1946

Immediate cause of death.....

Prematurity

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

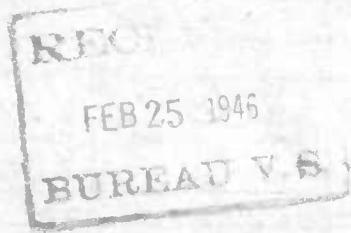
Injured at work?

23. SIGNATURE.....

M. D. or other

Date signed.....

Address.....



01449

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *(Bd)*

## CERTIFICATE OF DEATH

Reg. Dist. No. *62*

## 1. PLACE OF DEATH:

County.....

*Caroline*

City or town.....

*Moor Delton*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....*2 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 3. (a) FULL NAME

*George Farmer Rice*

4. Sex

*m*

5. Color or race

*wh.*

6. (a) Single, married, widowed, or divorced

*married*

8. (b) Name of husband or wife.....

*Anna Farmer Rice*

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

*February 11<sup>th</sup> 1878*

8. AGE:

Years  
*67*Months  
*11*Days  
*26*

If less than one day

hrs.  
.....min.  
.....

9. Birthplace.....

*Federalsburg Md.*

(Town, county, and state)

10. Usual occupation.....

*Brick Mason*

11. Industry or business

*William Rice*

FATHER

12. Name.....

MOTHER

13. Birthplace

*Essexland*

14. Maiden name.....

15. Birthplace

*Katherine**Essexland*

16. Informant.....

Address

17. Burial

*Mrs Anna Rice**Bd Denton Md*

(Burial, cremation, or removal. Which?)

Date thereof.....*2-11-46*

(month) (day) (year)

Cemetery or crematory.....

*Denton Cemetery*

Location.....

*Denton Maryland*

18. Funeral director.....

*J. E. Clegg & Son*

Address

*Denton Md*

19. Date rec'd by registrar

*1946 7m 10 George*

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*February 9 1946* at.....*M*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Feb. 9 1946 to Feb. 9 1946*and that I last saw h.....alive on *sudden* *19* *46*Immediate cause of death.....*Congress Peetries**Congress Peetries*Due to.....*Congress Peetries**Congress Peetries*Due to.....*Congress Peetries**Congress Peetries*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

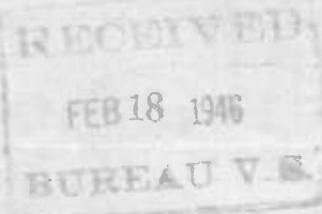
Means of injury.....

Injured at work?.....

23. SIGNATURE.....*Stach X S. Fassfalk Jr.*

M. D. or other

Address.....*Frederick Ave* Date signed *1946*



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

01450

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County

City or town

Caroline

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Hannah Satterfield

4. Sex

Fr

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

Aug. 16<sup>th</sup> 1857

8. AGE:

Years      Months      Days      If less than one day

88

7

20

hrs. min.

9. Birthplace

Denton Maryland

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

Denton Satterfield

MOTHER

12. Name

Maryland

13. Birthplace

Ann Bullock

14. Maiden name

Denton Satterfield

15. Birthplace

Denton Md.

16. Informant

Hannah Satterfield

Address

Buried

Date thereof 2-10-46

(month) (day) (year)

Cemetery or crematory

St Paul Church

Location

Denton Md.

18. Funeral director

J. Higginson &amp; Son

Address

Denton Md.

19. Date rec'd by registrar

2/9 1946

Mark George

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County Caroline

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 7 1946 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h... alive on 19...

Immediate cause of death

Due to Cerebral Hemorrhage 2 lbs DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

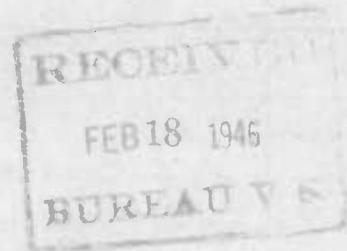
M. D. or other

Address Date signed

Anson George 2/9/46

Denton

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93W

01451

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County.....

City or town.....

*Caroline Deethan end*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

58 min

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

*Olive Deemfield*

4. Sex

*f*

5. Color or race

*white*

6. (a) Single, married, widowed, or divorced

*married*

6. (b) Name of husband or wife.....

*Dr. J. T. Deemfield*

7. Birth date of deceased (mo., day, yr.)

*May, 14<sup>th</sup> 1887*

6. (c) If alive, give age..... years

8. AGE:

Years  
58Months  
10Days  
3If less than one day  
..... hrs. ..... min.

9. Birthplace.....

*Western Caroline Maryland*

(Town, county, and state)

10. Usual occupation.....

*at leisure*

11. Industry or business

*Capt. Jim Casper**Midwayland**Boat*

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial.....

(Burial, cremation, or removal. Which?)

Date thereof *7-22-46*  
(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. Date rec'd by registrar

*Deethan Cemetery**Deethan Maryland**J. V. Gilmore & Son**Deethan end**M.D. Jones**Registrar*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

*Feb. 19 1946 at 4 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

DURATION

Due to *Acute Myocarditis**udden*Due to *Pneumonia**3 yrs*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE

*Alvord George*

M. D. or other

Address.....

Date signed

19. 2/21

19. 46

(Date rec'd by registrar)

19. 46

(Date signed)

